EXHIBIT A.6

Mailed Notice Claim Form

Exhibit 6

ADT CLASS ACTION SETTLEMENT
SETTLEMENT ADMINISTRATOR
c/o A.B. DATA, LTD.
PO BOX 170500
cv-1925
MILWAUKEE, WI 53217

PROOF OF CLAIM FORM
Vishva Desai and Philip J. Charvat, et al. v.
ADT Security Services, Inc., **Case No. 1:11-**

For Official Use Only

[CLAIMANT'S FIRST AND LAST NAME]
[STREET ADDRESS]
[CITY] [STATE] [ZIP]

[PHONE NUMBER FROM CALL LOG]
[DATE OF CALL LOG]

TO: Class Member

To receive a payment from the Settlement Fund you must complete and return this Proof of Claim Form ("Claim Form"). **IMPORTANT NOTE: You must return this Claim Form to receive payment even if a Notice was mailed to you and the address printed on the outside of the Notice is correct.**

Please complete the Claim Form, sign it and return it by one of the following methods:

1. By mail to the Administrator, postmarked no later than [DATE], at the following address:

    ADT CLASS ACTION SETTLEMENT
    SETTLEMENT ADMINISTRATOR
    c/o A.B. DATA, LTD.
    POST OFFICE BOX 170500
    MILWAUKEE, WI 53217

2. By e-mail to the Administrator at [EMAIL] no later than midnight, U.S. Eastern Standard Time, on [DATE]. If you use e-mail, you must send the Claim Form in a format that includes a legible signature.

NOTE: Each household is entitled to make only one claim regardless of the number of telephone calls received.

3. In addition, you must certify the following statements:

I was the registered user of the above telephone number on the date provided (information in top-right corner of page).

YES_____   NO_____

I certify that the foregoing statements are true to the best of my knowledge. I understand that the Settlement Administrator has the right to verify my responses and dispute any claims that are based on inaccurate responses.

Signature: _____

Print Name: _____

Date: _____

Address (if different from above address): _____

_____

QUESTIONS? VISIT [WEBSITE]   Page 1 of 1